

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33353

Registration District No. 1603

Primary Registration District No. 5596

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto R.R. #1-Val
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Soto R.R. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether)
In this community 10 days (years, months or days)

3. (a) PRINT FULL NAME FANNIE Rhoades

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Edward Rhoades 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased March 18 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Paragould Ark. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

12. Name George Wright

13. Birthplace Not Known Ark. (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Kay

(b) Address De Soto, Mo. R.R. #1

17. (a) Burial (b) Date thereof 11-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park

18. (a) Signature of funeral director J. Lee Mathers

(b) Address De Soto, Mo.

19. (a) 11/6/48 (b) Marie Harris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State Mo. (b) County Jefferson
(c) City or town De Soto (If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1948 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 25 1948 to Oct 29 1948
that I last saw her alive on Oct 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration oda

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State).....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) (c) Means of injury 2

23. Signature J. Poling (M. D. or other) do

Address De Soto, Mo Date signed 10/29/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District No. 10
NOV 10 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
Andrew H. England, Registered Apprentice No. 232,
working under my personal supervision.

Signed J. L. Mochershead
Licensed Embalmer No. 3531
P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.